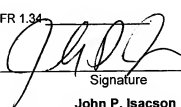


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number 66783-0079
FY 2006 <i>(fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))</i>			
In re Application of	Winfried MAYR et al.		
Application Number	10/542,404	Filed	October 25, 2005
For	IMPLANT FOR DRAINING CHAMBER WATER FROM THE FRONT EYE CHAMBER INTO THE EPISCLERAL VEINS		
Art Unit	3761	Examiner	J. Stephens
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter appropriate fee below):			
	Large Entity Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120	\$ 60	\$ 60.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450	\$ 225	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1020	\$ 510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1590	\$ 795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2160	\$ 1080	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-3840</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number: <u>33,715</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34: _____			
<u>August 22, 2007</u>		 _____ Signature John P. Isacson _____ Typed or printed name	
Date			
<u>(202) 416-6800</u>			
Telephone Number			
<u>Customer No. 61263</u>			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.